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FAX NUMBER:
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FROM:
Robert J. Lipka

PHONE NUMBER:
908-298-5056

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8

DATE
February 1, 2005

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PLEASE HAND DELIVER

In re Application of US Patent Application No. 09/675,938
For Patent For: "FOOT AND SHOE DEODORENT"
Filing Date: 09/29/00
Our Ref.: FC0807QIUS
Applicant: McShane

Transmitted herewith are:

- Fax Cover Sheet - 1 Page
- Request for Oral Hearing Transmittal - 1 page (in triplicate)
- Certificate of Facsimile - 1 page
- Request for Oral Hearing - 1 page (in triplicate)

PHONE: (908)298-3955

FAX: (908)298-5388

Attorney Docket No.: FC0807Q1

Application No.: 09/675,938

Filing Date: 9/29/00

First Named Inventor: McShane

PTO/SB/07 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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Request for Oral Hearing Transmittal - 1 page (in triplicate)

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REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) <div style="text-align: center;">FC0807Q1</div>
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>2-1-05</u>		In re Application of MCSHANE Application Number 09/675,838 Filed 9/29/00 For FOOT AND SHOE DEODORANT Art Unit 1617 Examiner SHARAREH
Signature <u>Robert J. Lipka</u> Typed or printed name <u>ROBERT J. LIPKA</u>		
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.		
The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ <u>1000.00</u>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>18-0365</u> . I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.		
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I am the		
<input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)		
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>42807</u>		
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: _____		
Signature <u>Robert J. Lipka</u> _____ ROBERT J. LIPKA Typed or printed name		2/1/05 Date 908-298-5056 Telephone number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

This collection of information is required by 37 CFR 41.20(b)(3). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) FC0807Q1								
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Signature <u><i>Robert J. Lipka</i></u> Typed or printed name ROBERT J. LIPKA										
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The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3))		\$ <u>1000.00</u>								
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<input type="checkbox"/> A check in the amount of the fee is enclosed.										
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.										
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.										
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>19-0385</u> . I have enclosed a duplicate copy of this sheet.										
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.										
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I am the										
<input type="checkbox"/> applicant/inventor.		<u><i>Robert J. Lipka</i></u> Signature								
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		<u>ROBERT J. LIPKA</u> Typed or printed name								
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>42807</u>		<u>2/1/05</u> Date								
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		<u>908-298-5056</u> Telephone number								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
<input type="checkbox"/> Total of <u>1</u> forms are submitted.										

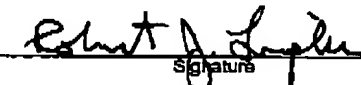
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REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) <div style="text-align: center;">FC0807Q1</div>				
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Application Number 09/675,938	Filed 9/29/00					
Art Unit 1617	Examiner SHARAREH					
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application. The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1000.00 <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>19-0385</u>. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.650. </div> <div style="width: 15%; text-align: right;">\$ _____</div> </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>42807</u> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: _____ </div> <div style="width: 50%; text-align: center;">  _____ Signature ROBERT J. LIPKA _____ Typed or printed name _____ 2/1/05 Date _____ 908-298-5056 Telephone number </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>						
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CENTRAL FAX CENTER**FEB 01 2005**Patent Docket No.: **FC0807Q1****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: McShane

Serial No.: 09/675,938

Filed: 9/29/00

For: Foot and Shoe Deodorant

Examiner: S. Sharareh

Art Unit: 1617

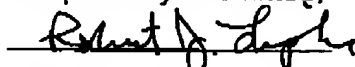
February 1, 2005

Commissioner, Patents
P.O. Box 1450
Alexandria, Va. 22313-1450**Request for Oral Hearing**

Sir:

Applicants file this Request for Oral Hearing and requisite fee in Response to the Examiner's Answer dated December 2, 2004. This Request is being filed in triplicate.

Respectfully submitted,

Robert J. Lipka
Registration No. 42,807
Patent Department K-6-1, 1990
Schering-Plough Corporation
2000 Galloping Hill Road
Kenilworth, New Jersey 07033
Telephone: (908) 298-5056

Patent Docket No.: **FC0807Q1**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No.: 09/675,938

Filed: 9/29/00

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) Examiner: S. Sharareh
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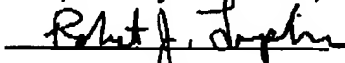
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